

← 100

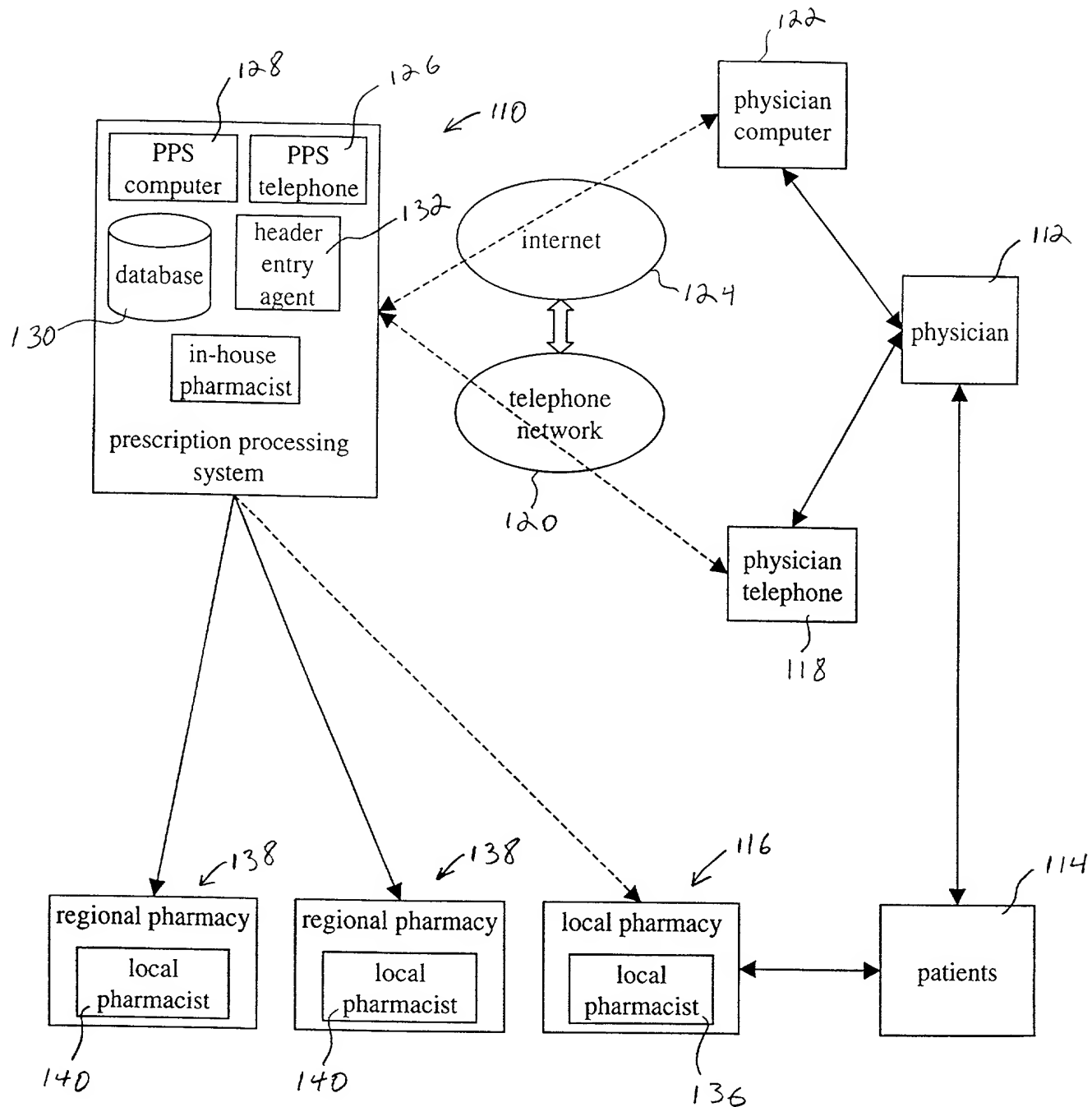


Figure 1

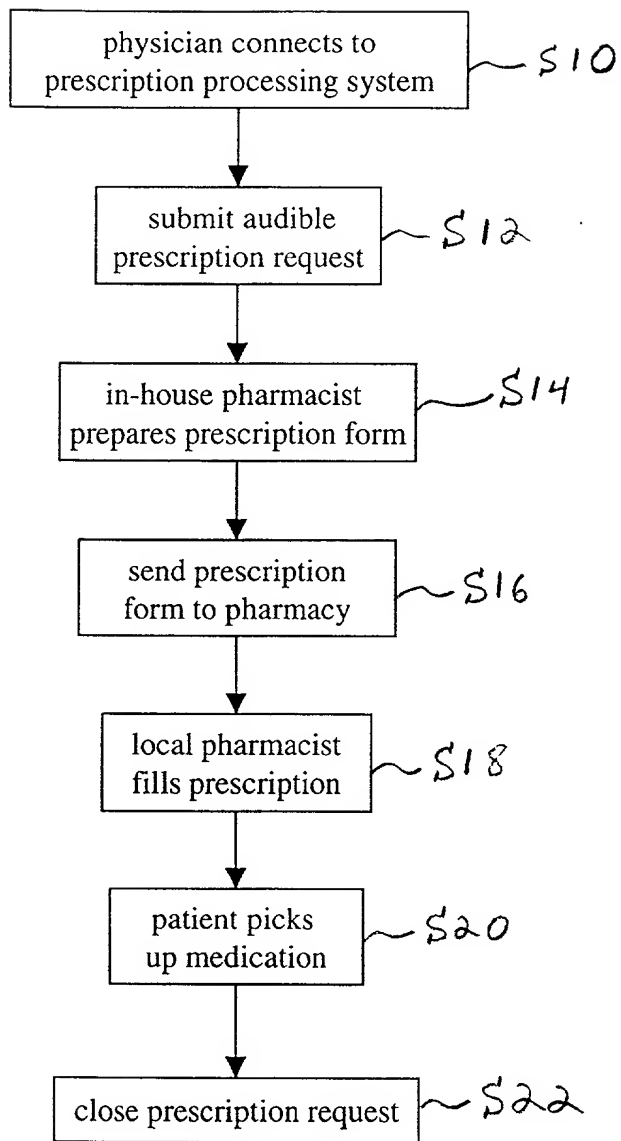


Figure 2

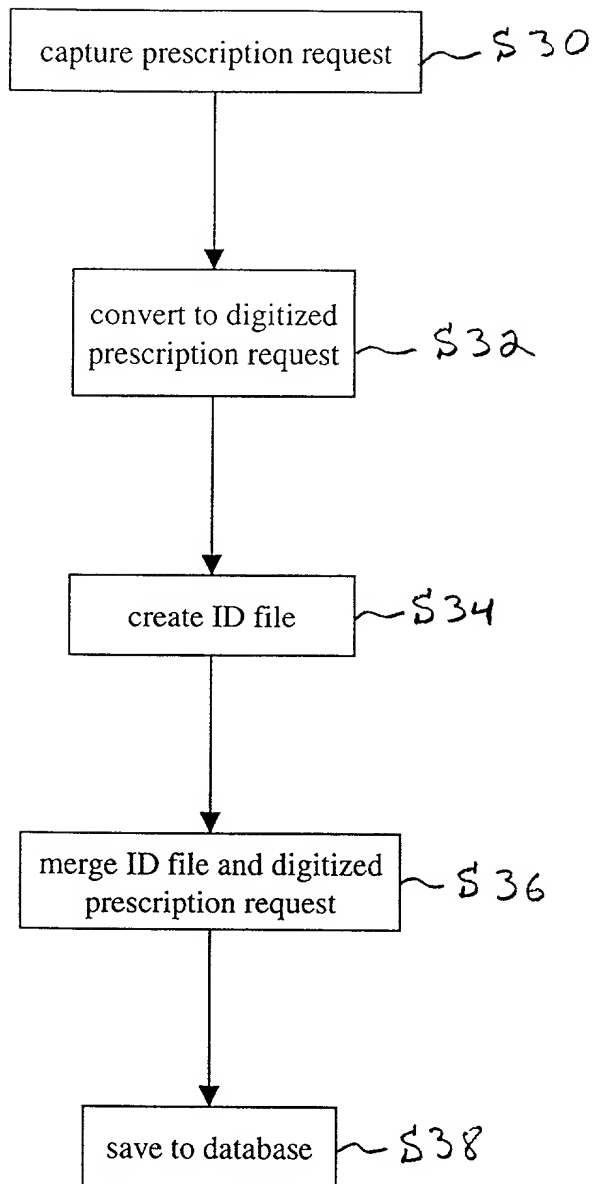


Figure 3

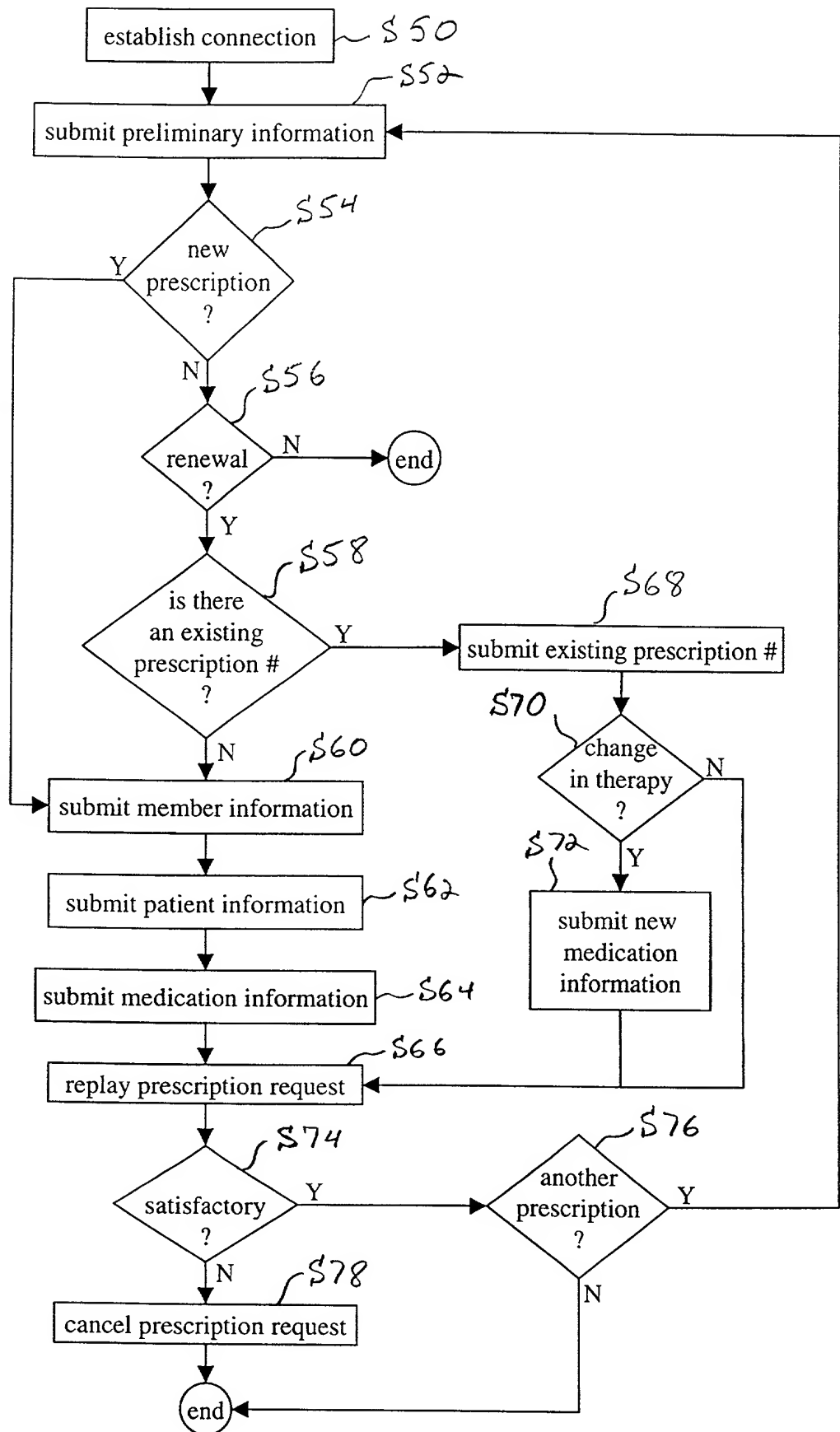


Figure 4

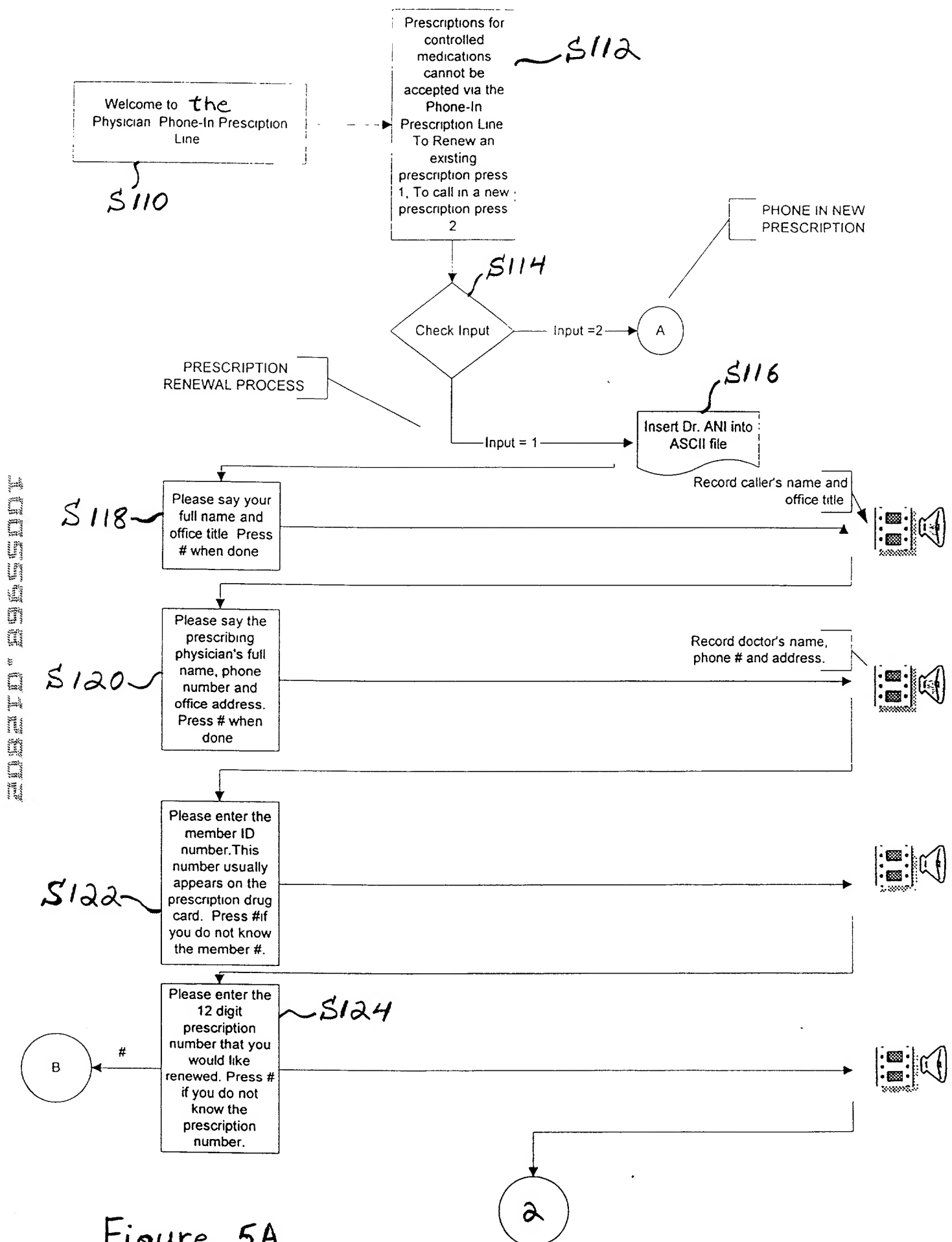


Figure 5A

2025-01-01 10:00:00

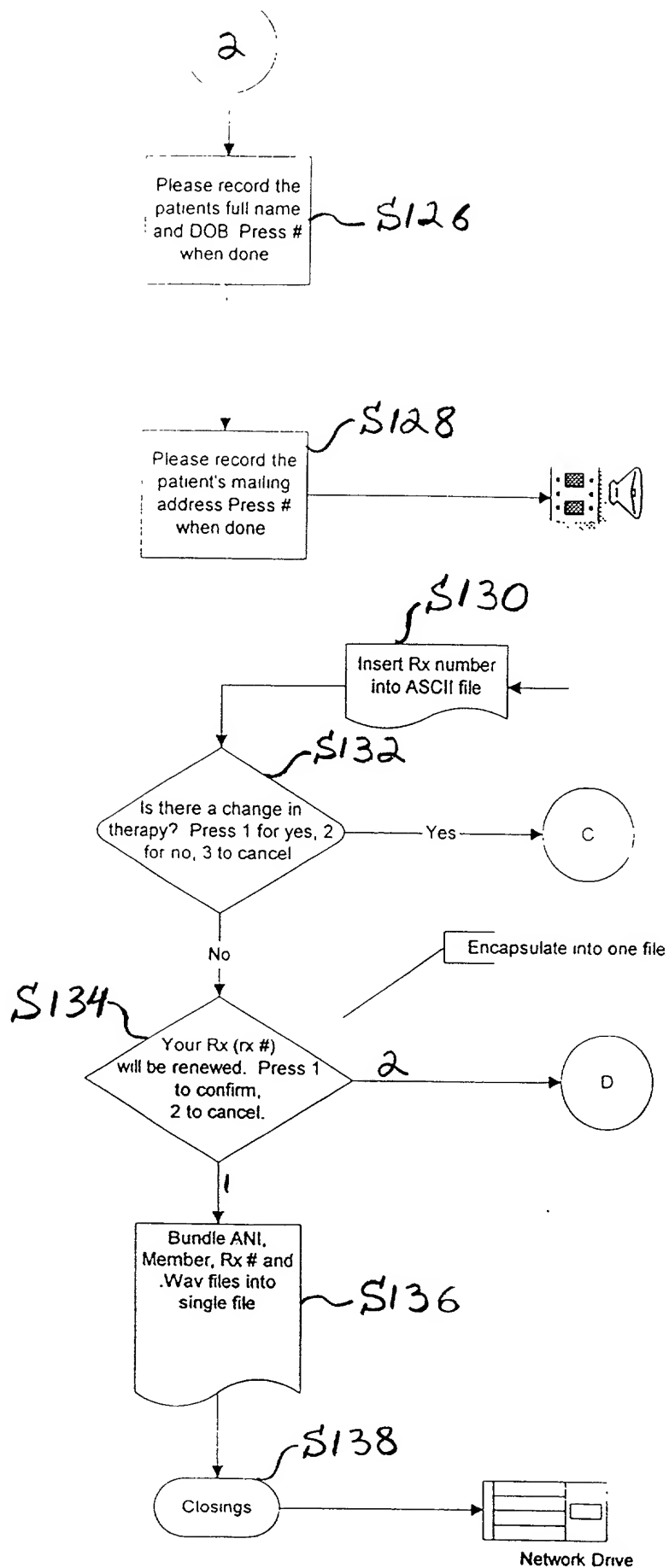


Figure 5B

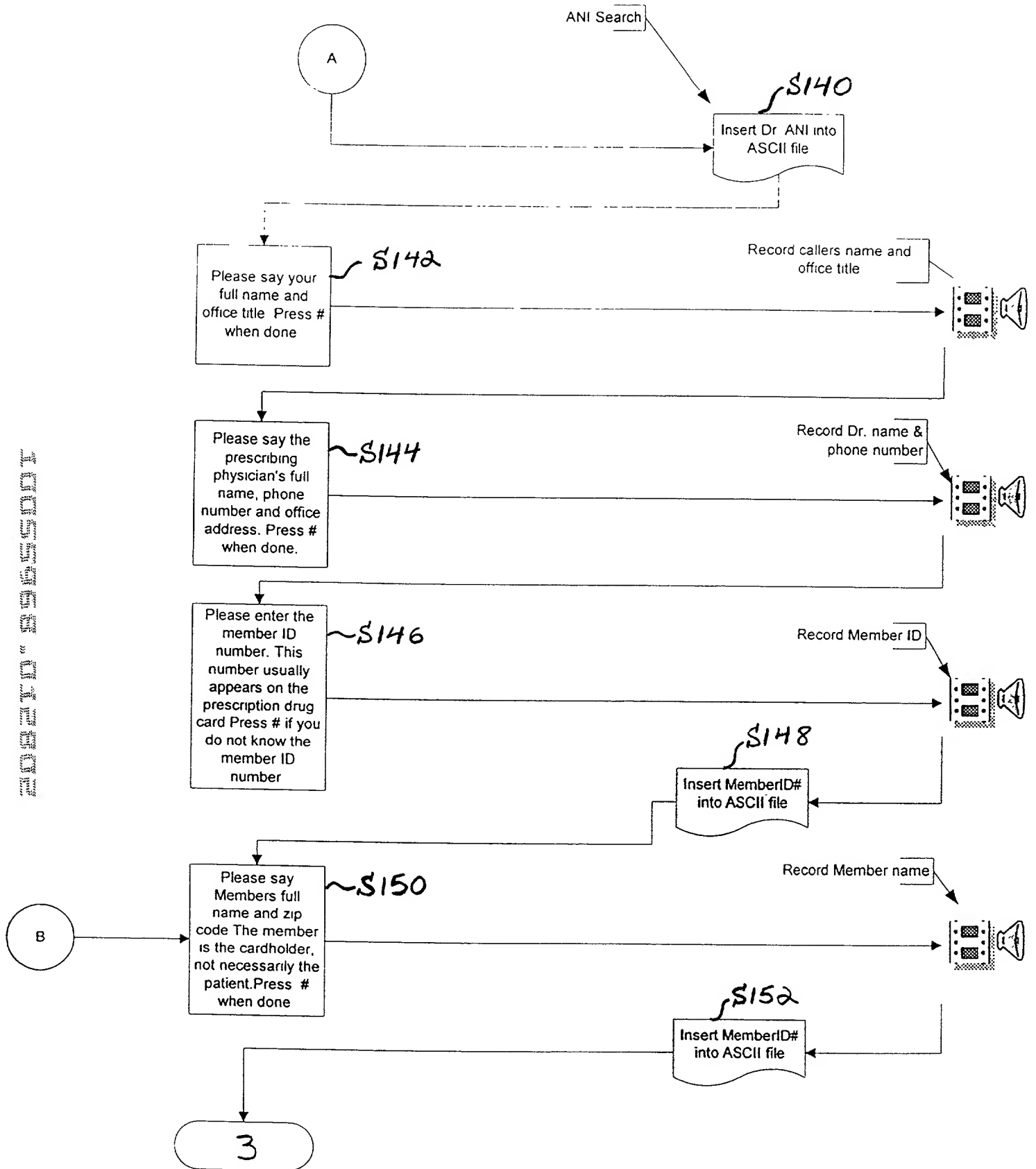


Figure 5C

RECEIVED

This group of recordings will be saved as the admin info "member id" wav file. This .wav file along with the drug info "member id" wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files.

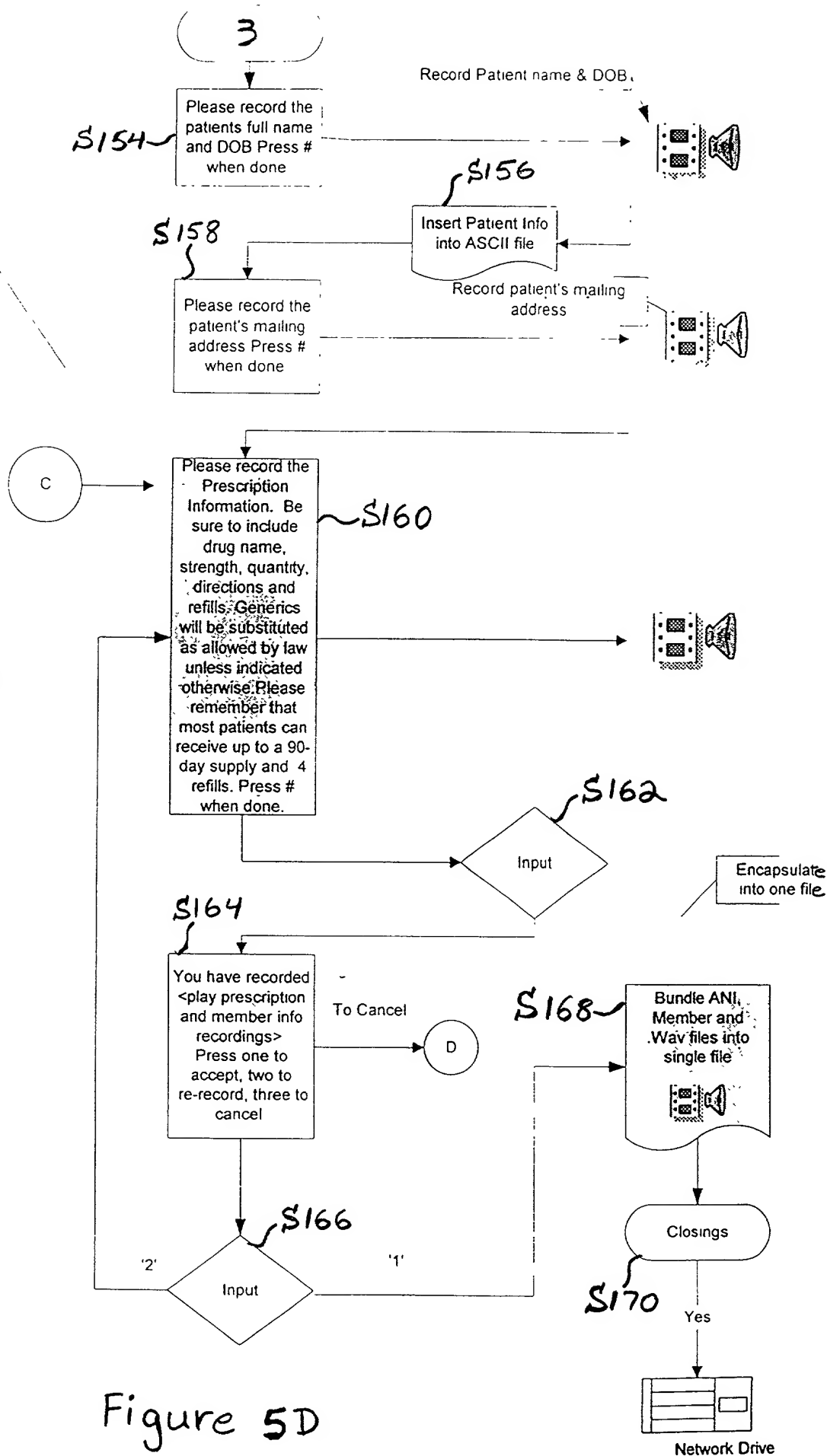


Figure 5D

2025 RELEASE UNDER E.O. 14176

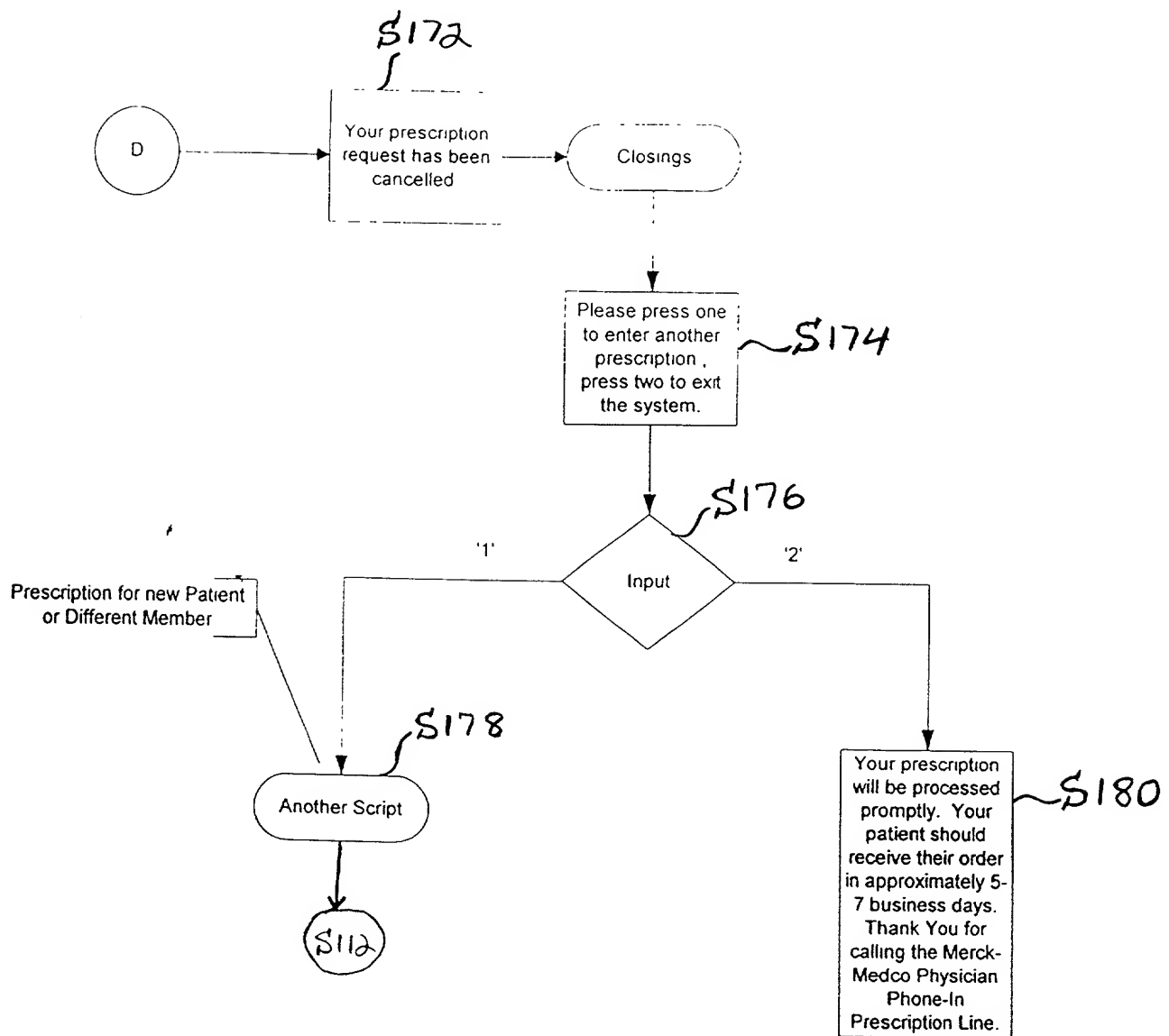


Figure 5E

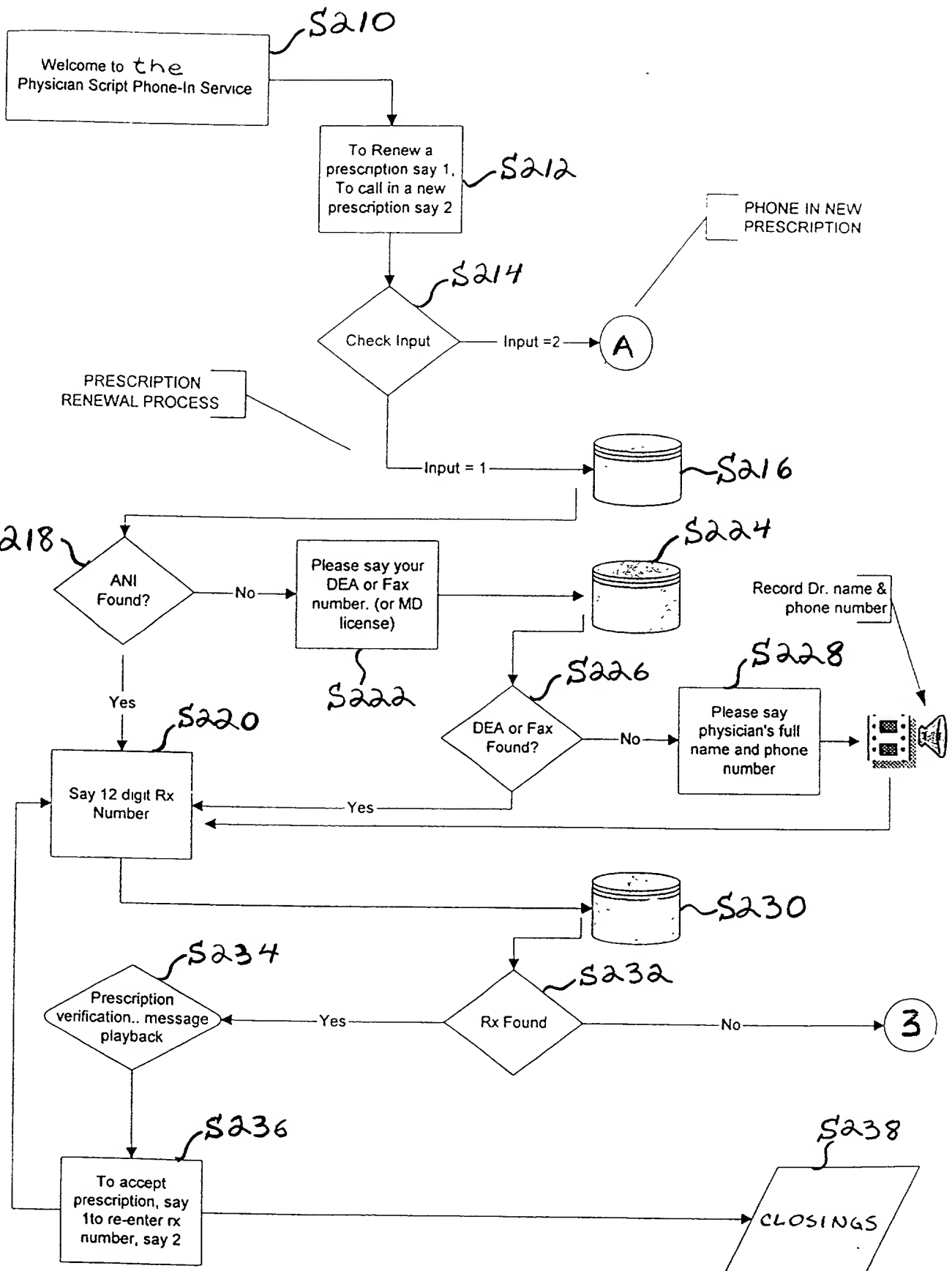


Figure 6A

20031103 11:30:00

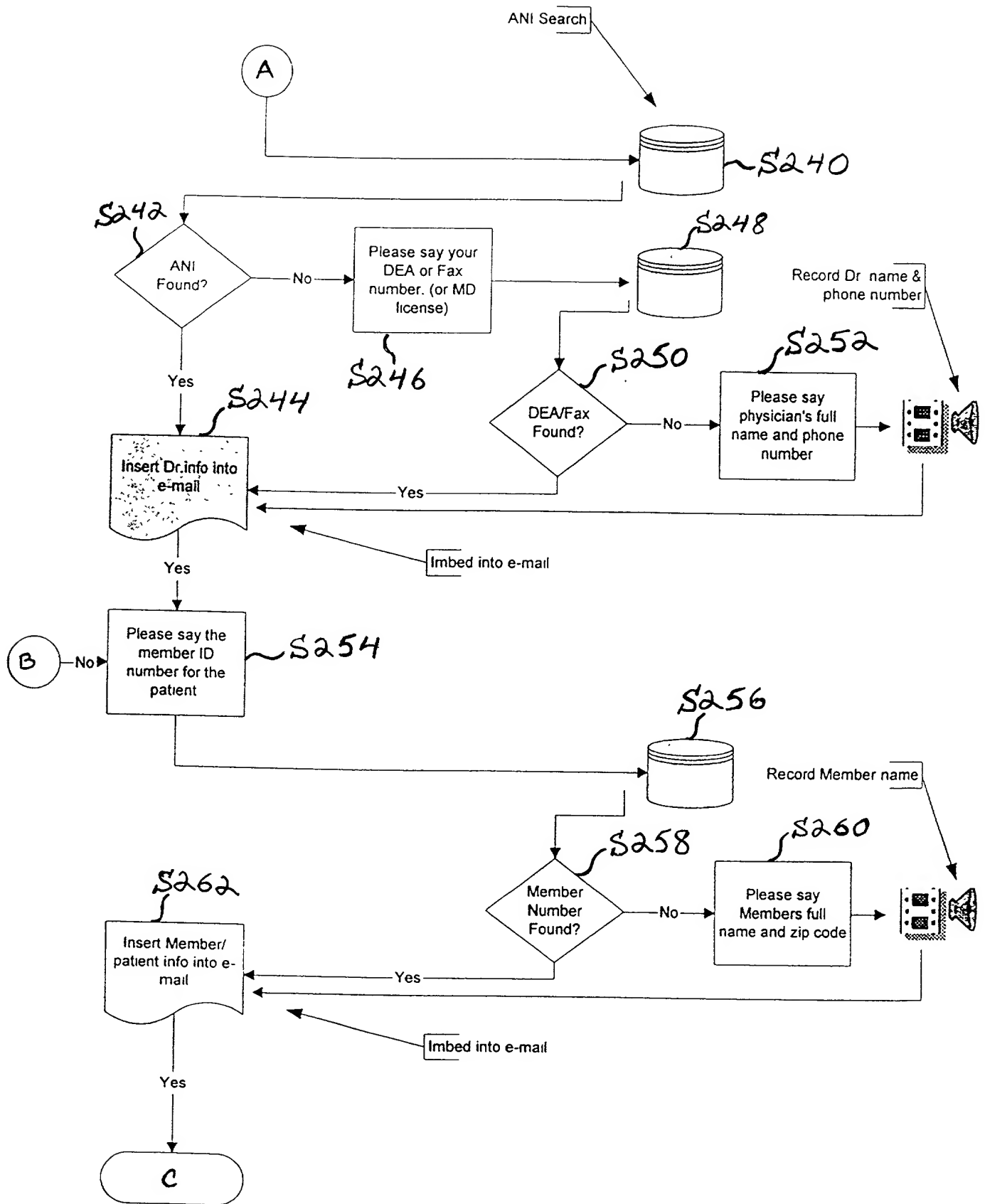


Figure 6B

This group of recordings will be saved as the admin info "member id".wav file. This .wav file along with the drug info "member id".wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files

Message will be based on MD state restrictions. Some MD's might have a choice of Brand or Generic.

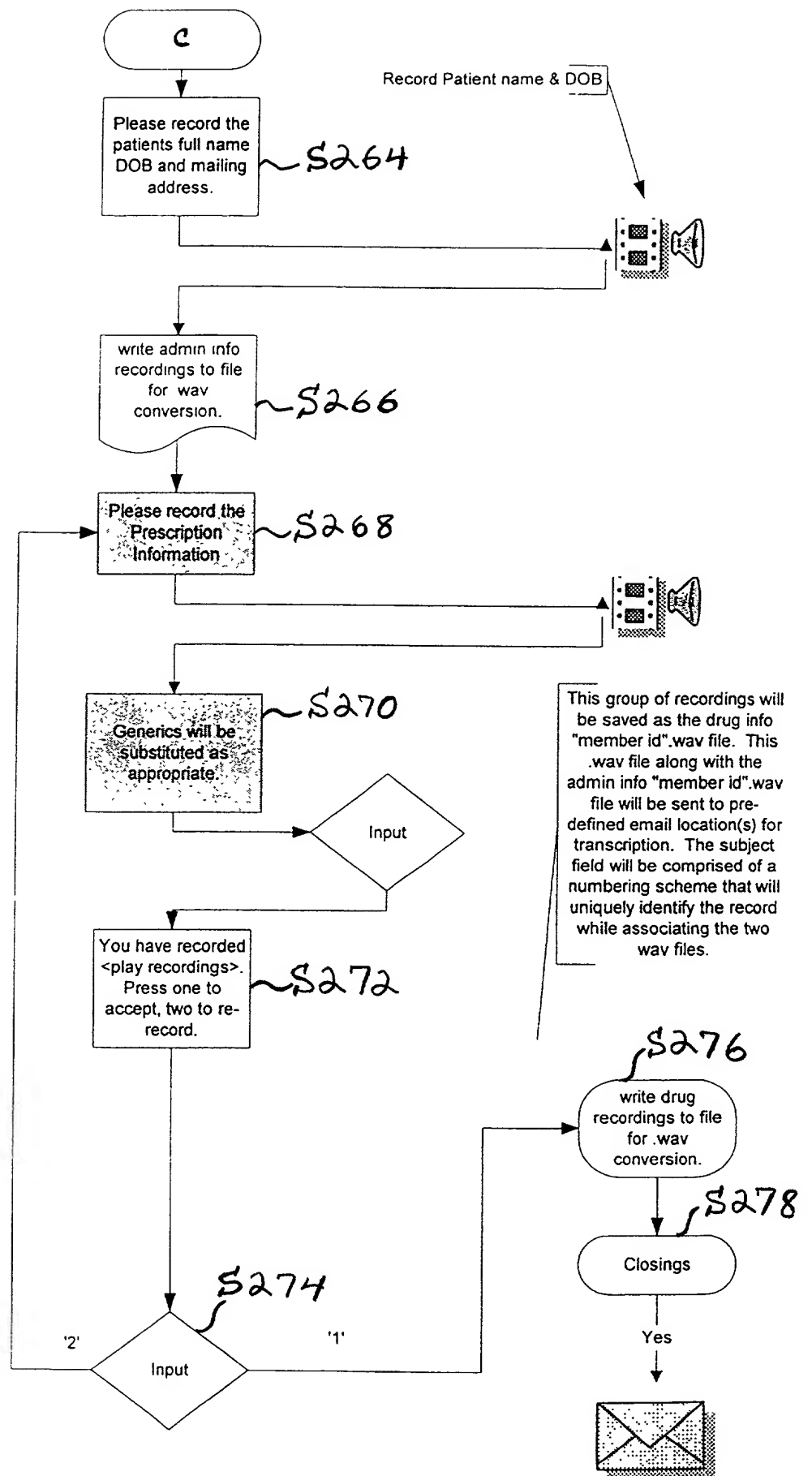


Figure 6c

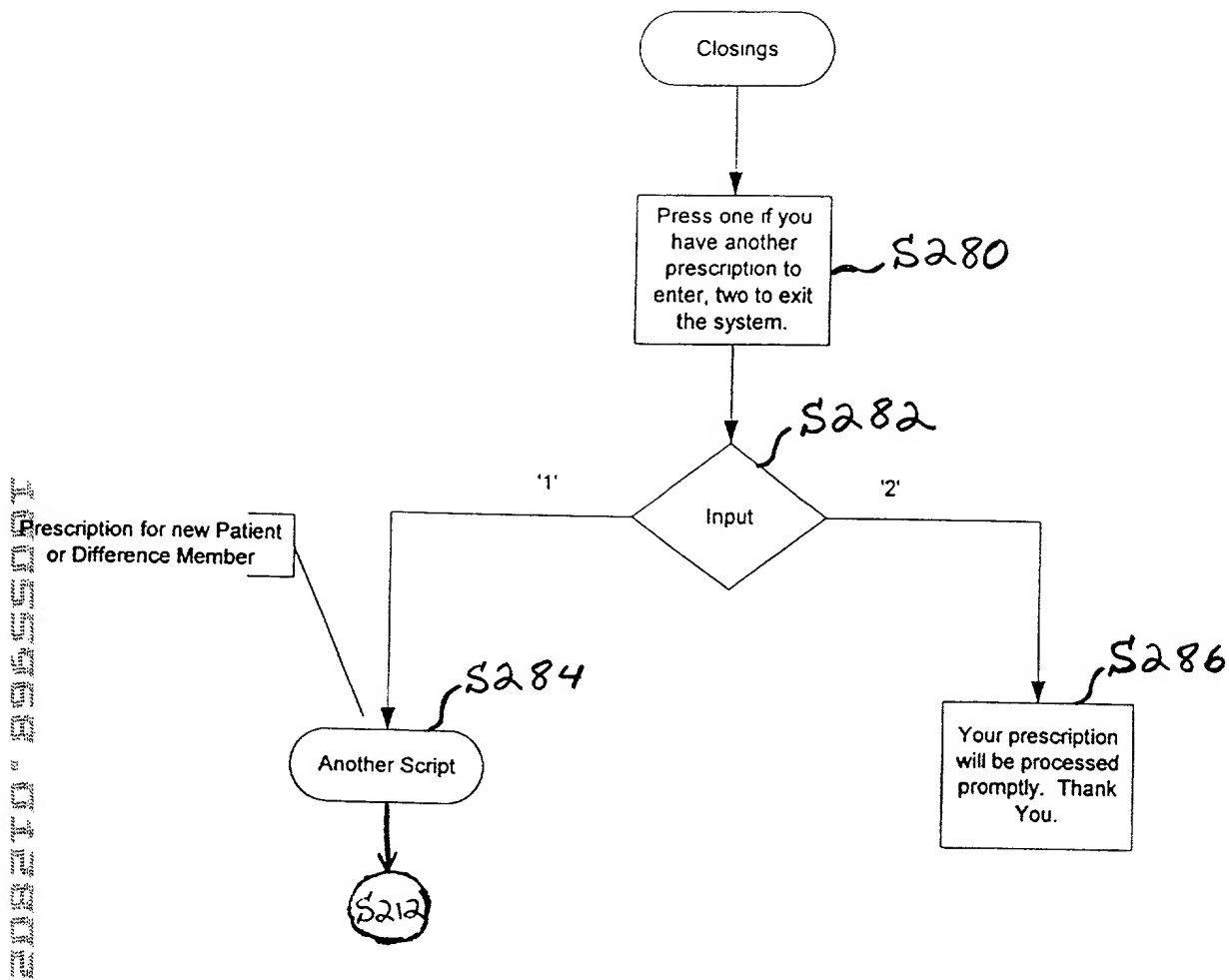


Figure 6D

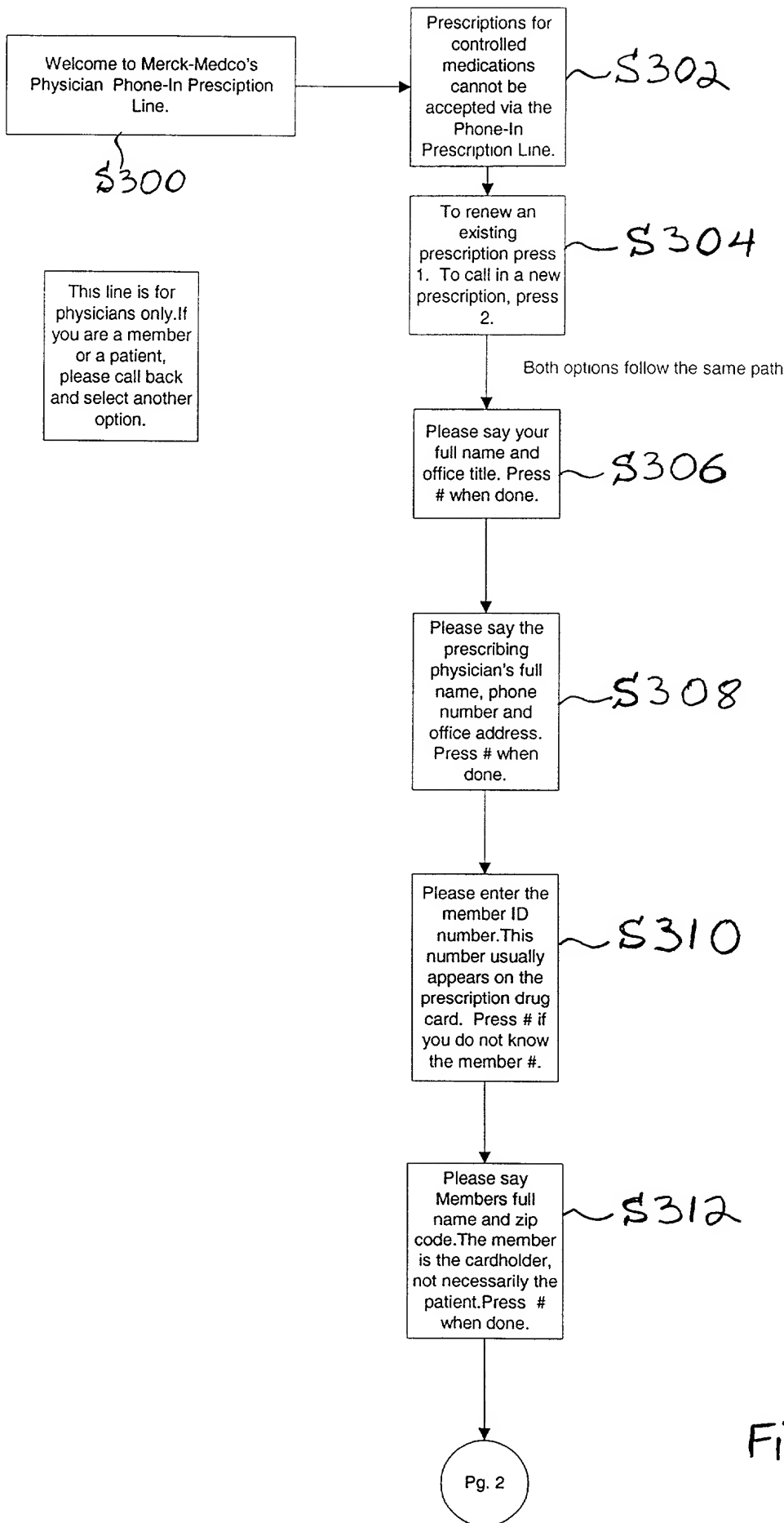


Figure 7A

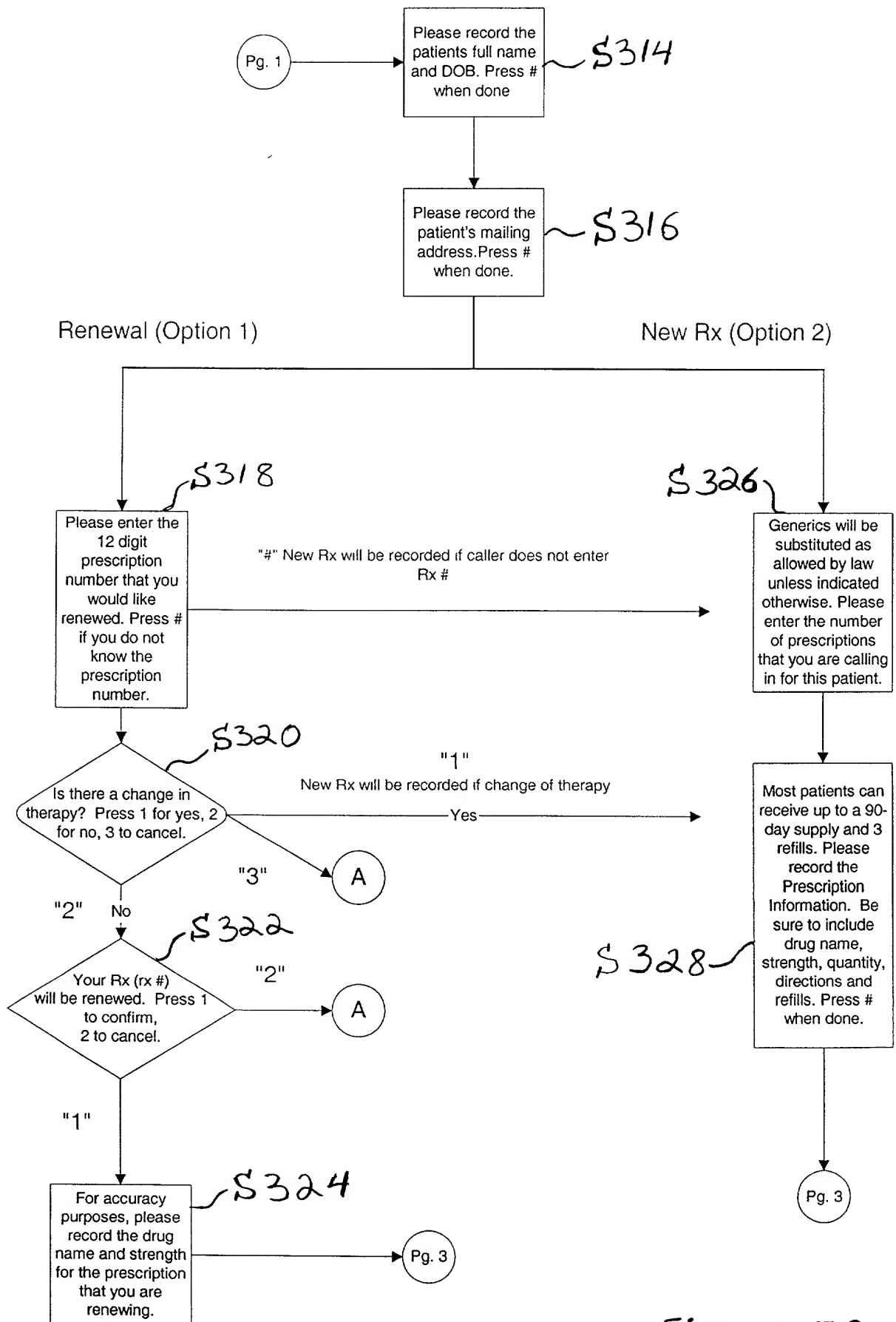


Figure 7B

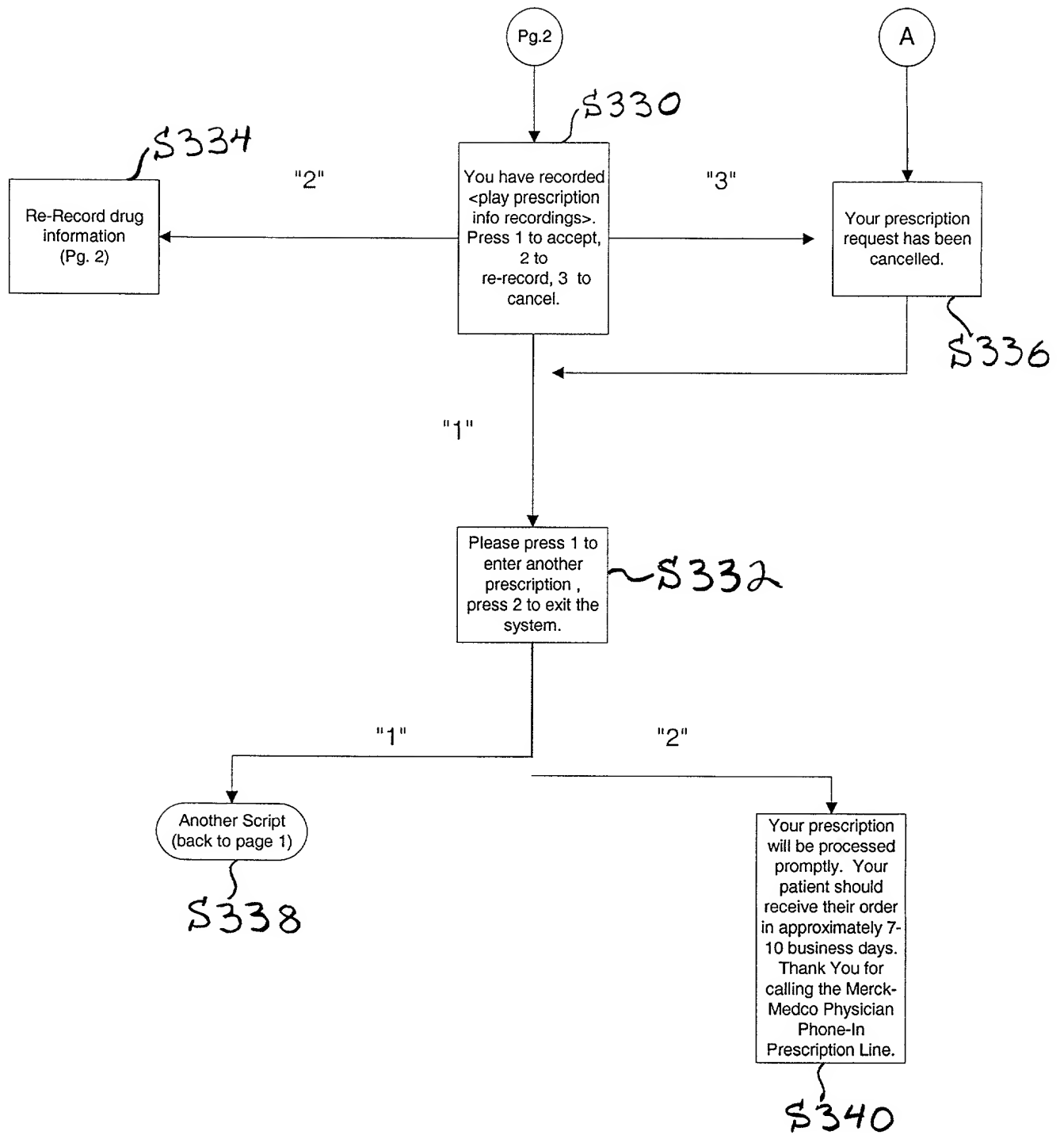
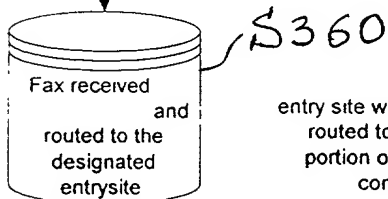
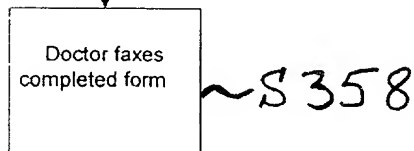
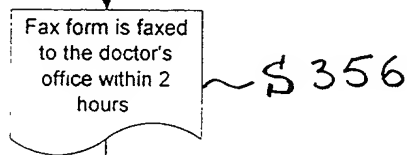
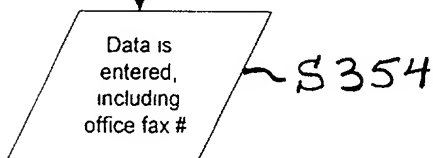
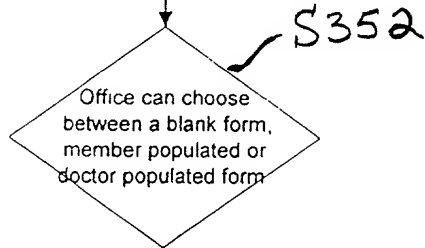


Figure 7C



Fax can either be routed to entry site where it is printed (only nevada, t1,t2 or va)/ The res routed to eviue where the non-pharmacist enters non-clinical portion of the prescription (ie header). It is then routed to the cognitivie service pharmacy for order completion.

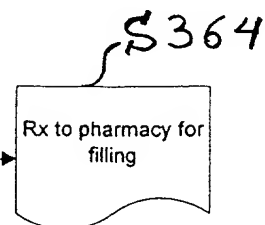
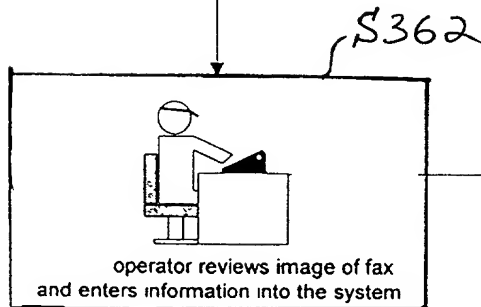


Figure 8

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription
Questions? Call Customer Service

34191



STEP 1 Fill in both the **Subscriber** and the **Patient** information below.

Prescription Drug _____

Card Member #: _____

(Usually different than the health plan ID #) _____

Subscriber Information (card holder):

Name:(First) _____ (Last) _____

Address: _____

City _____ **State** _____ **Zip Code** _____ **Phone** _____

Patient Name: (First) _____ (Last) _____ **DOB:** _____

STEP 2:

Confirm your office's secure fax #.
 Check the box to indicate a change,
 and write in the correct #.

☐ New fax #: _____

STEP 3:

Complete for new patients or for
 patients with changes in health.

Please check all that apply:

Allergies:

- ☐ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Medical Conditions:

- ☐ Heart ☐ Asthma ☐ High B.P.
☐ Ulcer ☐ Glaucoma

Other _____

STEP 4 Please tape the prescription from your prescription pad here
 (Most patients can receive up to a 90-day supply and 4 refills)

TAPE PRESCRIPTION HERE

Please confirm you have included:

On the form:

- Subscriber's Drug Card Number

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

Figure 9

Autofax Flow Renewal

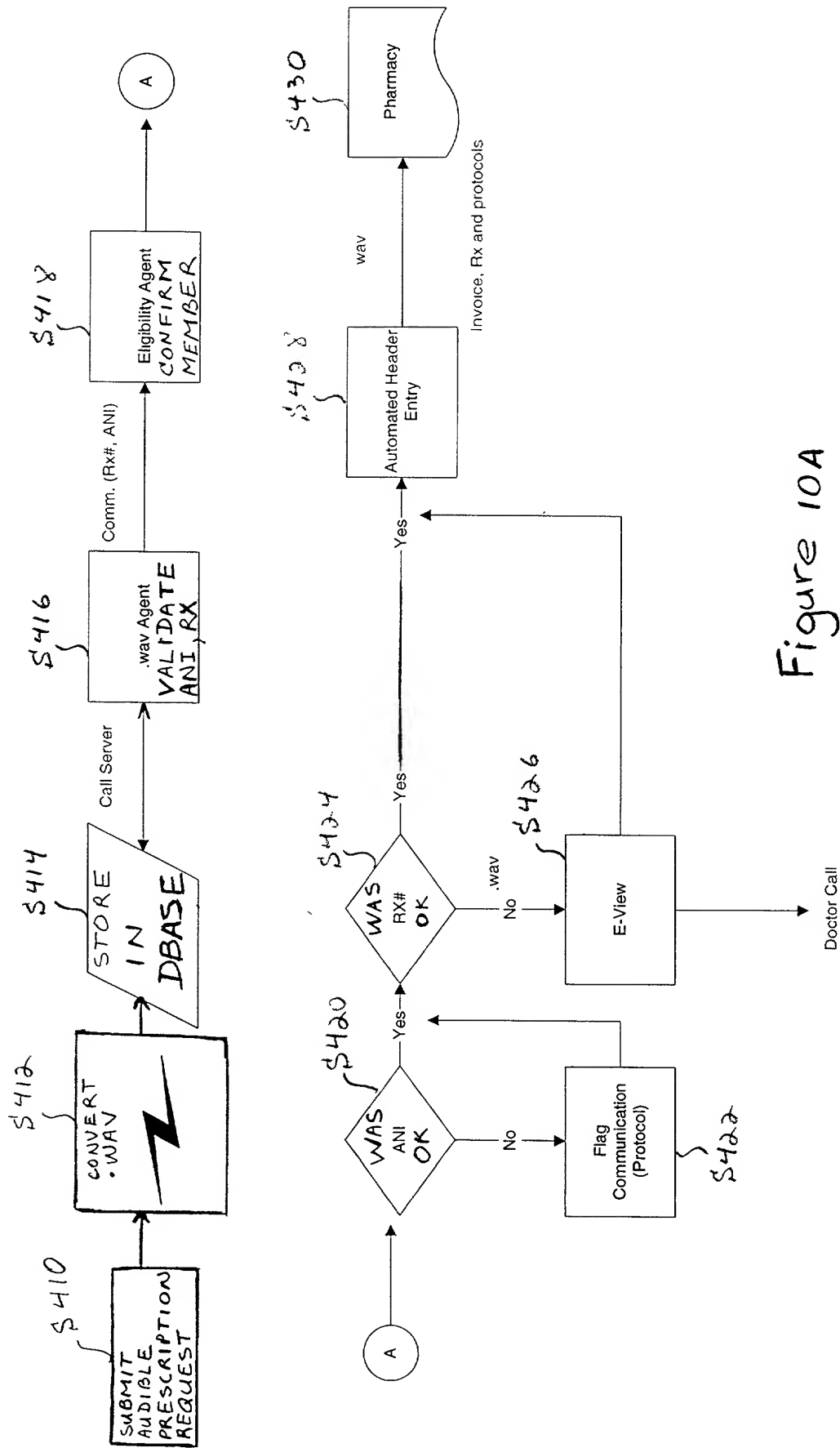
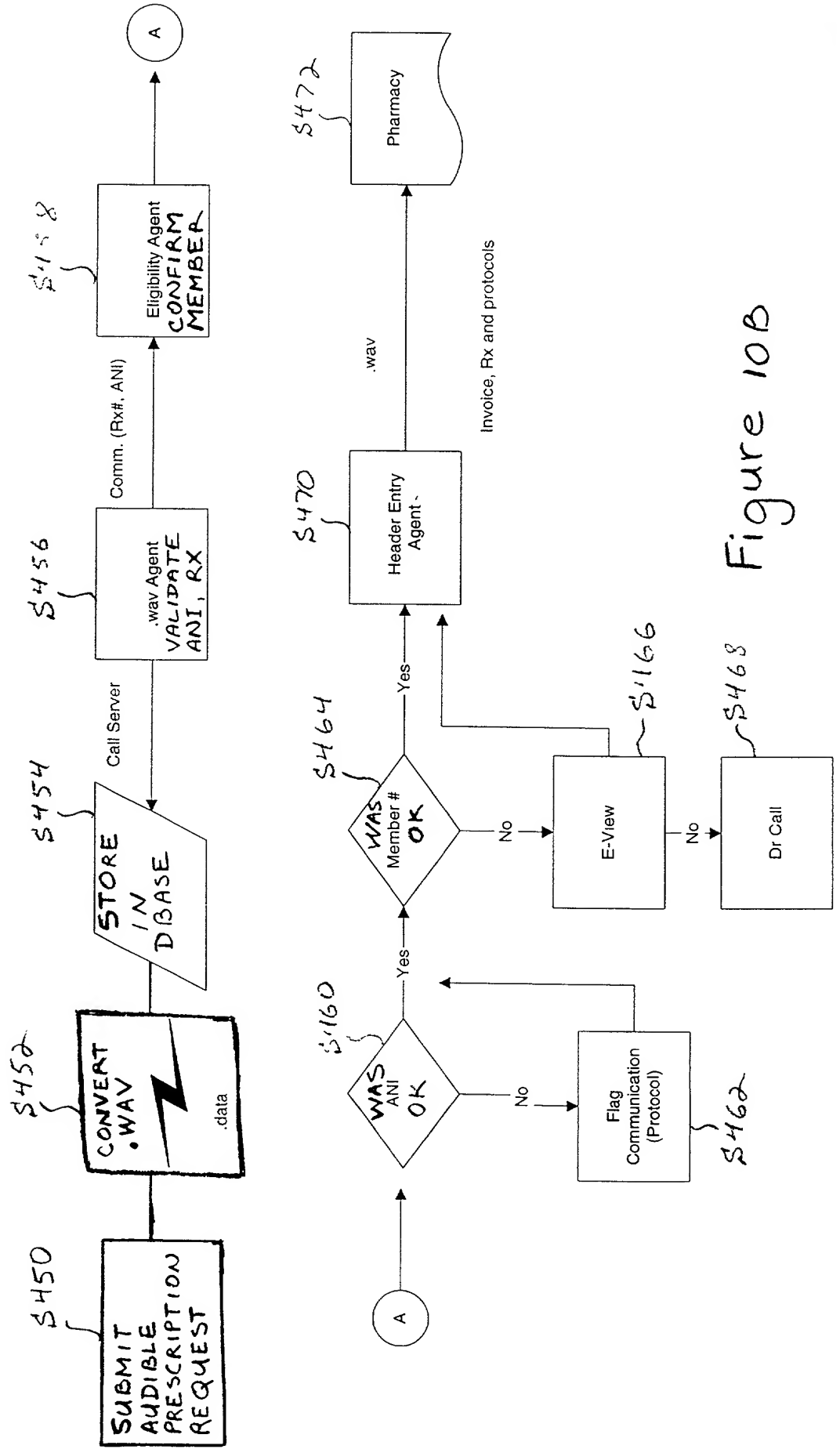


Figure 10A

Autofax Flow New Rx



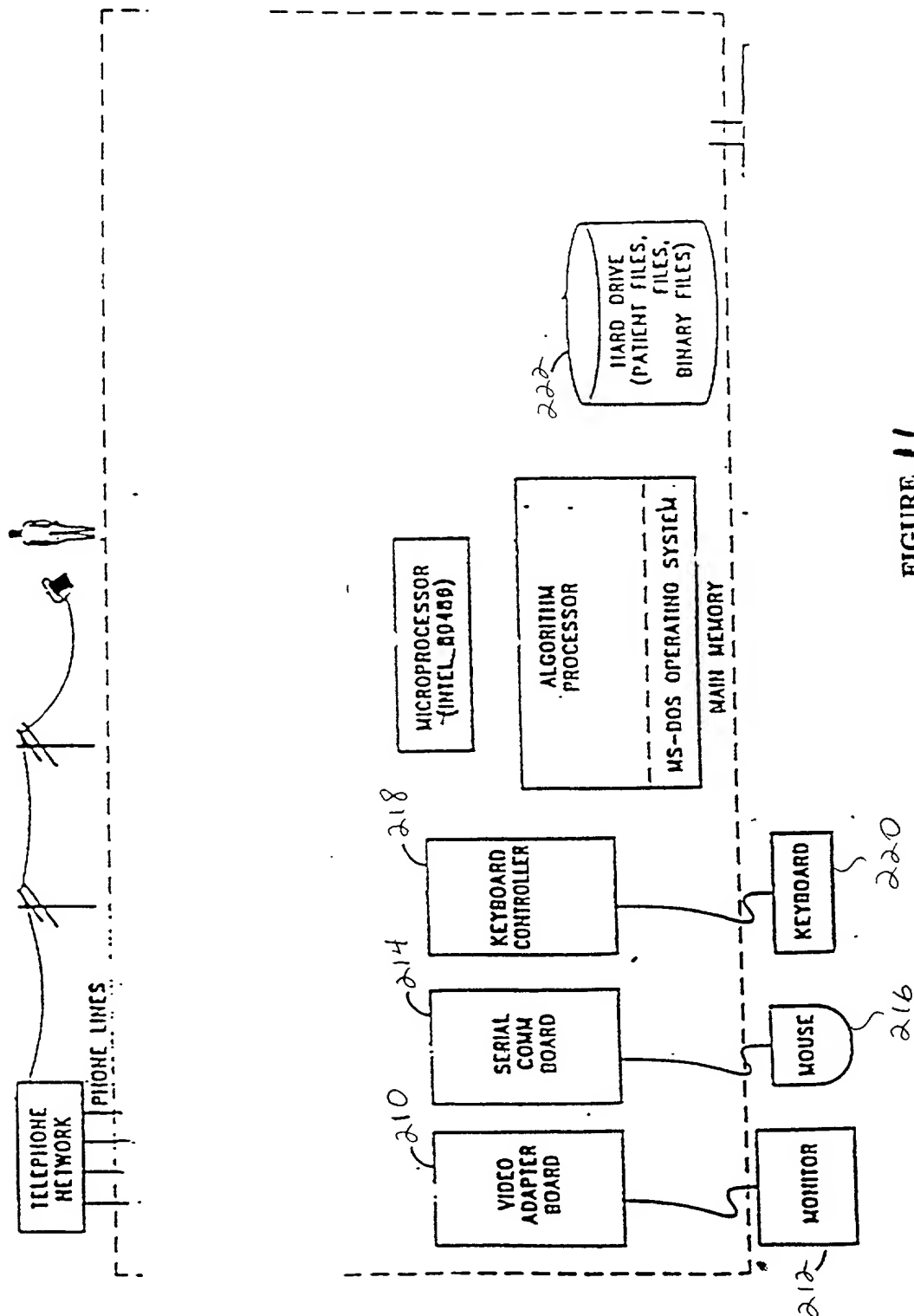
[illegible]

FIGURE 11
COMPUTER

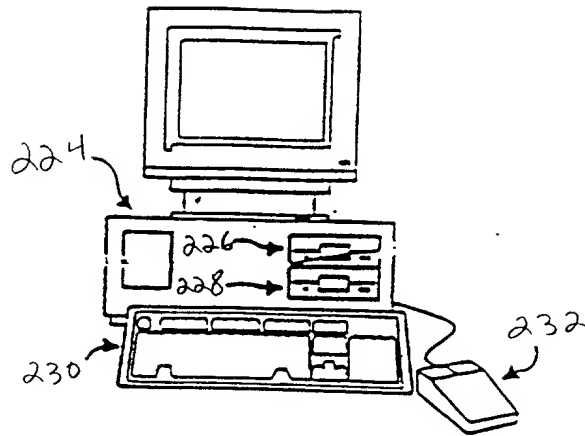


FIGURE 12
COMPUTER CONCEPTUAL

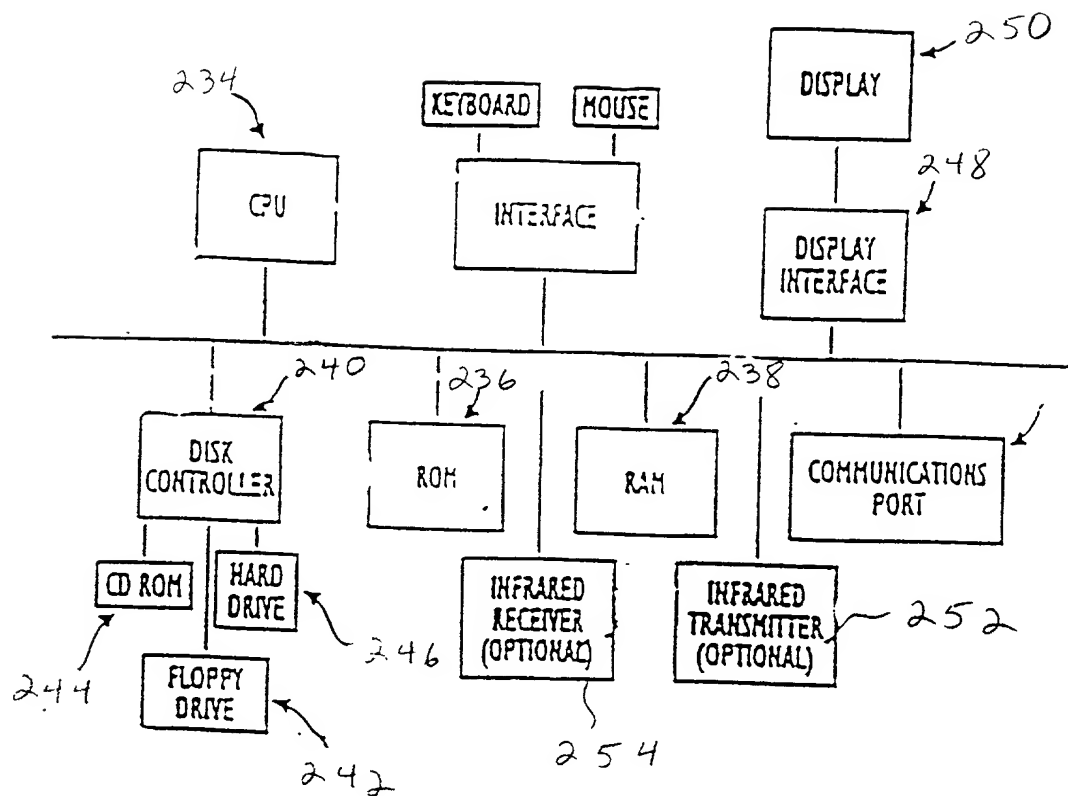


FIGURE 13
FLOW OF POTENTIAL
COMPUTER PROCESS

10055953-012800

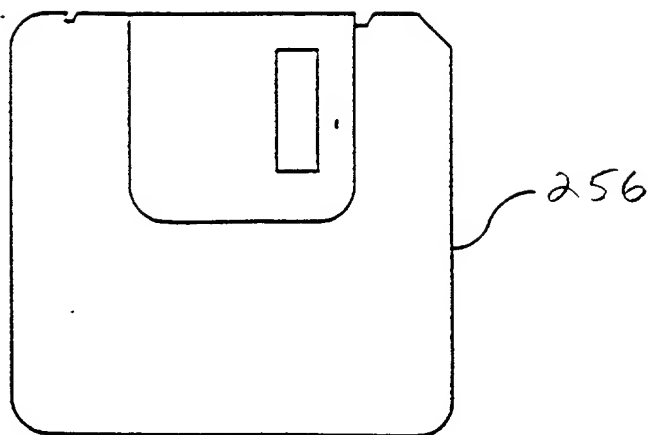


FIGURE 14
CONCEPTUAL VIEW OF
MEMORY STORAGE MEDIUM